



THE COMMONWEALTH OF MASSACHUSETTS
Division of Occupational Safety
19 Staniford Street, 1st Floor
Boston, MA 02114
Phone: 617-626-6960
Fax: 617-626-6965
DOS Homepage: www.mass.gov/dos

APPLICATION FOR CERTIFICATION AS AN
**ASBESTOS ANALYTICAL
SERVICES**

(In accordance with the provisions of
M.G.L. c. 149, §. 6-6F and 453 CMR 6.08)

FOR DOS USE ONLY

☐ Initial Application
Certification # _____

☐ Renewal Application
Issue Date _____

Reviewer _____

Please complete each section below by printing or typing the information, attaching all required documentation, and signing the application.

I. APPLICANT INFORMATION

Company Name _____ Telephone Number (_____) _____

Website Address www. _____ Fax Number (_____) _____

Business Location (Street) _____

City/Town _____ State _____ Zip _____

Mailing Address (if different from above) _____

City/Town _____ State _____ Zip _____

FEDERAL IDENTIFICATION NUMBER _____

THE APPLICANT IS:

<input type="checkbox"/>	An Individual/Sole Proprietorship	<input type="checkbox"/>	An Unincorporated Association
<input type="checkbox"/>	A Corporation	<input type="checkbox"/>	A Partnership
<input type="checkbox"/>	A Limited Liability Company	<input type="checkbox"/>	Other (Specify)

II. ATTACHMENTS TO BE SUBMITTED WITH THE APPLICATION:

- (a) 1. A list of all names, acronyms or other identifiers by which the applicant does or has done business, and the address(es) and telephone number(s) of the business.

2. The type(s) of approval/certification listed at 453 CMR 6.08(1)(a) through (d) for which the applicant is applying.

_____ Class A Certificate

_____ Class B Certificate

_____ Class C Certificate

_____ Class D Certificate

3. **With respect to the business named in paragraph 1 of this application:**

Sole Proprietorships - A Business Certificate issued by the town the company is located in.

Corporations - A copy of the Corporate Articles of Organization/Foreign Corporation Certificate (Annual Report if renewal) and Certificate of Good Standing issued by the Massachusetts Secretary of States Office.

LLC's - A Certificate of Organization (Annual report for renewal) and Certificate of Good Standing issued by the Massachusetts Secretary of States Office.

Unincorporated Associations - A Business Certificate issued by the town the company is located in.

Partnerships - A copy of the Corporate Articles of Organization/Foreign Corporation Certificate (Annual Report if renewal) and Certificate of Good Standing issued by the Massachusetts Secretary of States Office.

4. If the applicant has employees, evidence that Asbestos Analytical Work to be performed by the applicant is covered under a current workers' compensation policy or self-insurance program must be provided with the application. Certificate of Insurance must include the assigned policy number, the WC code 8601 or other indication that any asbestos operations are covered under the policy, and list the Division of Occupational Safety with the proper address as the certificate holder. If the applicant has no employees, a notarized statement to that effect must be submitted with the application.
5. A list of all occupational safety and health-related citations or notices of violation, including notices of noncompliance, notices of responsibility, notices of intent to assess an administrative penalty, orders, consent orders and court judgements, received by the Responsible Persons of the applicant in the two years prior to the date of application, and the issuing agency or department and final disposition of such citation or notice.
6. A list of the names and addresses of all persons designated as Asbestos Laboratory Supervisors of the Asbestos Analytical Service pursuant to 453 CMR 6.08(4)(a).
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(b) A copy of the laboratory standard operating procedures manual for asbestos analysis used by the applicant, which shall minimally include:

1. A listing of all Responsible Persons and employees of the applicant who will be performing asbestos analysis.
2. Legible copies of certificates of training or other training records for all persons listed at 453 CMR 6.08(2)(b)1., indicating that each such person has fulfilled the applicable asbestos analytical training required by 453 CMR 6.08(4)(d).
3. Copies of all applicable analytical protocols and procedures referenced at 453 CMR 6.08(4)(f).
4. An inventory of the analytical equipment used by the applicant, with a description of associated equipment calibration and maintenance procedures and schedules.
5. A description of chain of custody procedures, including handling, storage and disposal procedures for asbestos samples.
6. A description of the quality control procedures and programs utilized by the applicant.

(c) Results indicating proficiency in the two most recent rounds of the applicable quality control program(s) required by 453 CMR 6.08(4)(e). Documentation shall be in the form of legible copies of official correspondence or certificates from the provider of the applicable quality control program. Applicants from within the Commonwealth seeking certification as Class B or Class C Asbestos Analytical Services may submit the single most recent quality control round result, but their receipt of certification and approval pursuant to 453 CMR 6.08(2) may be contingent upon the results of a laboratory inspection at the discretion of the Director.

(d) **A money order or certified bank check payable to the Commonwealth of Massachusetts in the amount of the entire annual fee of \$750.00.** If the Commissioner denies, revokes, suspends or refuses to renew a certificate for reasons specified in 453 CMR 6.04, the fee payment is not refundable.

III. PAYMENT OF TAX OBLIGATIONS & STATEMENT OF COMPLIANCE

I, _____, _____, do hereby state,
(Print Name) (Title)
under the pains and penalties of perjury, that my firm has complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support. (M.G.L. c. 62c, § 49A).
I further state, under the pains and penalties of perjury, that I that all employees to be engaged in Asbestos Work are certified, or will be certified prior to any work being performed by them, pursuant to the requirements of 453 CMR 6.00.
I further state, under the pains and penalties of perjury, that I have read and understand the Commonwealth of Massachusetts Regulations for The Removal, Containment or Encapsulation of Asbestos, 453 CMR 6.00, and that all information contained herein, including any supplements attached hereto, is true and correct to the best of my knowledge and belief.

SIGNATURE _____ DATE _____

A certificate as a provider of Asbestos Analytical Services is valid for a period of one year. The Commissioner may renew an Asbestos Analytical Service certificate upon written application for renewal by the certificate holder. Renewal applications should be submitted to the Division of Occupational Safety no later than 30 calendar days before the expiration of the current certificate. The submission of a renewal application later than 30 days before the expiration of the current certificate may result in renewal after the expiration of the current certificate. Said application for renewal shall include submission of the items referenced at 453 CMR 6.08(2)(a) through (e). The Commissioner may waive the requirement for resubmission of the information specified at 453 CMR 6.08(2)(b) where there has been no substantive change in the information submitted with a previous application, and the applicant attests to such.

Please forward your completed application to:
Division of Occupational Safety
Attn: Asbestos Program
19 Staniford Street, 1st Floor
Boston, MA 02114

(FOR OFFICIAL DOS USE ONLY)

	ITEMS APPROVED BY:	DATE:
FEE RECEIVED		
WORKERS COMPENSATION		
NOTARIZED TAX STATEMENT		
ART OF ORG/ANNUAL REPORT/DBA		
COPIES OF ALL VIOLATIONS		
SERVICES APPROVED	Class A Certificate	
	Class B Certificate	
	Class C Certificate	
	Class D Certificate	
APPL. COMPLETE - OK TO ISSUE		